I ^	133OURI DI	I A 12	ION OF REALIN - STAT	IDAKD (SEKTIFICATE O	F DEATH	~~_~~	<u>-62-0</u>	45489
DO NOT WRITE ON THIS STUB	AMENDED	Re	egistration District No. 317 FILED BEC 7 1962	Primary Registr	ation District No. 50	O Registrar's No.	232	STATE FILE	NDMBER
- ON THIS \$10B		-1.	PLACE OF DEATH		•	2. USUAL RESIDEN	ICE (Where decease	d lived. If- institution	n: Residence before
VS 300	le	1	* COUNTY St. Louis			a. STATE Miss	b. COUN	IY .	admission)
Rev. 4/59			b. CITY (If outside corporate limits, give TC	WNSHIP only)	Length of stay in 1b	il c. CITY	<u>Qur I</u>		Inside Limits
	AMENDED	i	TOWN Cool Valley		months	OR TOWN St	. Louis		Yes 🙀 No 🗆
14,000	₹		c. FULL NAME OF (If NOT in hospital, give	location)	Inside Limits	d. STREET		side, give location)	Reside on Farm
2 20]_	HOSPITAL OR Hill Top Hous	e Nurs.	Home Yes D No D	ADDRESS 61	35 McPhers	on Avenue	Yes 🗌 No 📆
3	115	3.	. NAME OF DECEASED First (Type or print)	·	Middle	Last	4. DATE OF DEATH	Month Day	y Year
	1111		JOH	N A.	VEZEAU_		DEATH	November 13	. 1962_
4 0	1	5.	. SEX 6. COLOR OR RAC		ed 📭 Never Married 🛘	8. DATE OF BIRTH	9. AGE (last birth	hday) IF UNDER 1 YE	AR IF UNDER 24 H
5 /			male white	Widow	ved ☐ Divorced ☐	Nov.6,1884	78	Months Day	ys Hours Min.
	_	10.	a. USUAL OCCUPATION (Give kind of work d		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (City and state or cou	intry) 12. CITIZEN (OF WHAT COUNTRY
	8	1	during most of working life, even if retired retired - florist		lower	Caseyville	. Illinois	T. S	S. A.
7 1		138	. FATHER'S NAME	13	b. MOTHER'S MAIDEN NAM	NE .	14. NAM	E OF HUSBAND OR W	IFE
ا ا	2	Su	ANTOINEesVEZEAU]	MARY VIRGIN	IA GLODEN	Susie	Vezeau	
8 2	a		. WAS DECEASED EVER IN U.S. ARMED FOR		COCIAL SECURITY NO.	17. INFORMANT		Address	
9 1		(11	es, no, or unknown) (If yes, give war or date	_	177	2 Susie Vez	еян. 6135	McPherson J	Ave.
	¥	1	18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED	per line ron (u),	(e), and (e).	0/ 1			INTERVAL BETWEEN
10	alr III 를		IMMEDIATE CAUS	/ J. H	ario selestie	Kleart W	isease		8-1041.
11	AD OF DOCUMENT			-		7 /	0		0
1286-0	INSTEAD DOC	1	Conditions, if any, DUE 1	о (b) <u>💆 ഉ</u>	<u>neralized (</u>	Silveris 1	elecorio		12-15 yrs
			which gave rise to above cause (a), stating the under-		0	4.	10,0		0
·	z	1_1	lying cause last.) DUE						
1:01	5	CATION	PART II. OTHER SIGNIFICAN disease condition gi	T CONDITIONS ren in PART I (a	CONTRIBUTING TO DEAT	IH but not related to	the ferminal I	PART III. If deceased there a preg	d was female wa gnancy in last 90 day
YV	≟ 	3	Tuelone	bluti	Olymic Cust	liti:		☐ Yes [□ No □ Unknow
	된	CERTIFI	19. WAS AUTOPSY 20s. ACCIDENT SU	GIDE HOMIO	DE 206. DESCRIBE/10	W INJURY OCCURRED	. (Enter nature of in	ury in PART I or PART	T II of item 18.)
	<u> </u>		PERFORMED?	to D	0				
Z	AWENDWEN	Z A	20c. TIME OF Hour Month, Day, Year INJURY a.m.						
\(\forall \)	`	WED	p.m.				100471011		
BLACK INK OR RITER RIBBON			20d. INJURY OCCURRED 20e. PL WHILE AT WORK fa NOT WHILE AT WORK	MCE OF INJURY m, factory, stree	(e.g., in or about home, et, office bldg., etc.)	201. CITY, TOWN, OR	LOCATION	COUNTY	STATE
\\ \\ _ _ \			NOT WHILE AT WORK			 			· · · · · · · · · · · · · · · · · · ·
₹₽₽	READ		21. I attended the deceased from	1958	<u>B</u> , , , <u>Nou.</u>	1962	d last saw him alive	on NOV. 4,	1962
8 E			Death occurred at 12:43 PM	11/13/63	m on th	ne date stated above, a	end to the best of m	y knowledge, from the	e causes stated.
USE			270. SIGNATURE	Degree or title	, \	22b. ADDRESS		$\overline{\Omega}$	22c. DATE SIGNE
USE BLACK OR TYPEWRITER	SHOULD TOF		Mudel	#	M2)	9313 Mans	chester Rd.	It Louis 19	1/14/62
	M NO.	23	a. BURIAL, CREMATION, 23b. DATE REMOVAL Specify)	Asc. N	AME OF CEMETERY OR CRE		3d. LOCATION (Cir	, town, or county)	(State)
	NO N	re	mova1/ Nov.16.19			metery	Bellevill	e, Illinois	3
			FUMERAL DIRECTOR	ADDRESS	1.,	TE RECD. BY LOCAL RE	REGISTRA	AR'S SIGNATURE	mst
		M.	J.Croghan, 7146 Manche			-14-6:	2 Jour	s. Mugay	, 7, 0 ,
<u></u>			St. Louis 17, Miss	ouri	(Licensed Embalmer's States	ment on Reverse Side)	U	·	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Vandarus
StudentSignature of Student Embalmer	0.9100
	Licensed Embalmer No. 3.360
	Licensed Embalmer No. 3.560 P. O. Address Sharrow

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.